

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>7/20/04</u>		2 Serial/Patent # <u>09/629,678</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue		<u>5/5/04</u>	\$ <u>1330</u>						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>1330</u>						
		8 TO BE REFUNDED BY:								
		<input checked="" type="checkbox"/> Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
10 REASON:										
<input type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<p><u>THE APPLICATION WAS NOT ABANDONED; THEREFORE, THE PETITION WAS UNNECESSARY.</u></p>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>MARIANNE JENKINS</u>		TITLE: <u>PETITIONS EXMR.</u>								
SIGNATURE: <u>Marianne Jenkins</u>		PHONE: <u>306-3475</u>								
OFFICE: <u>PETITIONS OFFICE</u>										

THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: <u>Alicia Hill</u>		DATE: <u>7/21/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B